Attention:

Since June 17, 1999 mailing labels are required to be submitted with your project. Having these labels with your application is helpful to you as well as our office. These mailing labels should have the names and addresses of the affected parties along with our mailing code (which is 65-42FC) listed above each affected party listing.

For Example: 65-42FC
JOHN DEERE
111 CIRCLE DR
YOUR CITY IN 44444

Thank You For Your Cooperation!

Dear Applicant:

To complete your construction application, you must submit **all** the necessary items. If your application materials are incomplete; you will be sent a deficiency notice, your application will be retained for 60 days, and if the information is not received in that time period your application will be denied due to incompleteness. Please complete the following steps.

* Complete all the information on the wastewater design summary and certify it with a professional engineer's stamp. The general information, Part I, and design data, Part II, should be completely filled out and also other areas that pertain.

C Submit NPDES limits verification for projects that increase the capacity at the wastewater treatment facility. (This information can be obtained from the NPDES permitting section at 317/232-8704.)

* Enclose the proper processing fee. (see attached fee schedule)

C Sign and date the application form and fill out completely. Municipal projects must be signed by a city or town official. Others, such as private wastewater treatment plant projects can be signed by the owner or a representative.

* Submit one set of complete plans. Every page must be stamped and signed by a professional engineer.

* List all affected parties. This list should include adjacent property owners, their names and mailing addresses and mailing labels with the mailing code above each listing.

* Please be advised that if your project will disturb five (5) or more acres of land area, coverage under 327 IAC 15-5 (Rule 5) is required. Rule 5 is the General Permit for Storm Water Runoff Associated with Construction Activity. Contact Craig Lawson at 317/233-1864 for more information if permit coverage of your project is required.

Please send construction applications to:

Facility Construction Section
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. BOX 6015
Indianapolis, IN 46206-6015
Attention: **Don Worley**
Telephone: 317/232-5579

327 IAC 3.5.5 Wastewater Construction Permit Fees

A. The following applicants listed below shall remit with each application a fee of fifty dollars (*$50). These applications must be signed by an official of the entity.

County, Municipality, or Township which is defined as a unit under IC 36-1-2-23 [ ]

A Nonprofit Organization [ ]

A Conservancy District [ ]

A School Corporation that operates a sewage treatment facility [ ]

A Regional Water or Sewage District [ ]

*Only pay $50 for a new wastewater treatment plant or expansion of an existing facility.

B. All other applicants will pay the following revised fees per project type

Type	**Processing Fee**	
New Wastewater Treatment Plant (except Industrial)		
(A) Up to 500,000 gallons per day	$1,250	[ ]
(B) Greater than 500,000 gallons per day	$2,500	[ ]
New Industrial Wastewater Treatment Plant (including pretreatment)		
(A) Up to 500,000 gallons per day for:		
(1) Biological or Chemical Treatment	$1,250	[ ]

(2) Physical Treatment	$250	[ ]
(B) Greater than 500,000 gallons per day for:		
(1) Biological or Chemical Treatment	$2,500	[ ]
(2) Physical Treatment	$250	[ ]

Wastewater Treatment Plant Expansion:

(A) Up to fifty percent (50%) design capacity:		
(1) Greater than 500,000 gallons per day	$2,500	[ ]
(2) Up to 500,000 per day	$625	[ ]
(B) Greater than fifty percent (50%) design capacity:		
(1) Greater than 500,000 gallons per day	$2,500	[ ]
(2) Up to 500,000 gallons per day	$1,250	[ ]

Checks should be made payable to the **Indiana Department of Environmental Management**. Fees shall not be refundable once staff review and processing of the Permit Application has commenced.

Indiana Department of Environmental Management
Application For Water Pollution Control Facility
Construction Permit Required By 327 IAC Article 3

1. Applicant (Name and Address)

_____
_____
_____
Phone # _____

2. Applicant's Engineer

Name _____
Company Name _____
Address _____
_____
_____
Phone # _____

3. Name of Proposed Facility _____
_____
Location of Proposed Facility _____
_____
_____
City _____
County _____
SRF Funded Yes___ No___

4. ATTACHMENT CHECKLIST:
Municipal/Semipublic Wastewater Treatment
The following Documents are attached:
A. Wastewater Treatment Design Summary [ ]
B. Plans and Specifications [ ]
C. Non-refundable Application Fee (do not send cash) [ ]
*D. List of Potentially Affected persons or parties [ ]

5. Permit Application For Construction, Expansion, or Modification of: (check where applicable)

A. Municipal Collection Facility [ ]
B. Semipublic Collection Facility [ ]
C. Municipal Treatment Facility [ ]
D. Semipublic Treatment Facility [ ]
E. Industrial or Commercial Treatment Facility
F. Coal Mine Sedimentation Basin
G. Other Specify _____
_____
_____ [ ]

* New Facility [ ]

* Expansion or modification of Existing Facility [ ]

*Fully identify all persons, by name and address, who may be potentially affected by the issuance of this permit, such as adjoining landowners, persons with a propriety interest, and/or persons who have complained or submitted comments about your facility. Failure to fully identify a potentially affected person may result in any issued permit being challenged and rendered null and void.

6. Signature

Application is hereby made for a Permit to Authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.

_____
Printed Name of Person Signing

_____
Title

_____
Signature of Applicant

_____
Date Application Signed

Please refer to IC 13-7-13-3 for penalties of submission of false information

Indiana Department of Environmental Management
Office of Water Management
Wastewater Treatment Plant Design Summary

I. General

1. Applicant's Name: *

2. Project Name: *

3. Location: *

4. Engineer (Consultant): *

5. NPDES Permit Number: *

   A. Date of final Permit Issuance: *

   B. Expiration Date: *

6. Remarks: *

   A. Description of Present Situation: * _____

   _____

   _____

   _____

   _____

   B. Description of Proposed Facilities: * _____

   _____

   _____

   _____

   C. Inspection During Construction to be provided by: * _____

   _____

7. Estimated Project Cost: *

   A. Source of Funding (Revenue Bond, State Grant,SRF, Etc.): * _____

   _____

   B. Total Cost: * _____

   _____

8. Certification Seal and Signature of Engineer: *

II. Design Data: *

1. Current Population: *
2. Design Year and Population: *
3. Design Population Equivalent P.E.: *
4. Design Flow: *
   A. Domestic: *
   B. Industrial/Commercial: *
   C. Infiltration/Inflow: *
5. Average Design Peak Flow: *
6. Maximum Plant Flow Capacity: *
7. Design Waste Strength: *
   A. CBOD: *
   B. TSS: *
   C. NH_3-N: *
   D. P: *
   E. Other:*
8. NPDES Permit Limitation on Effluent Quality: *
   A. CBOD: *
   B. TSS: *
   C. NH_3-N: *
   D. P: *
   E. E-coli: *
   G. Chlorine Residual: *

H. pH: *

I. D.O.: *

9. Receiving Stream: *

A. Name: *

B. Tributary to: *

C. Stream Uses: *

D. 7-day, 1-in-10 year low flow: *

III. TREATMENT UNITS

Plant Site Lift Station

1. Location: *

2. Type of pump: *

3. Number of pumps: *

4. Constant or variable speed: *

5. Capacity of pumps: *

6. RPM and TDH: *

7. Volume of the wet well: *

8. Detention time in the wet well: *

9. A gate valve and a check valve in the discharge line: *

10. A gate valve on suction line: *

11. Ventilation: *

12. Standby power: *

13. Alarm: *

14. Breakwater tank: *

15. Bypass or overflow: *

Flow Equalization

1. Number and size of units: *
2. Method of flow diversion to unit: *
3. Air and mixing provided: *
4. Method and control of flow return: *
5. Description of unit operation: *
6. Lagoon sealing: *
7. Method of sludge removal: *

Flow Meters

1. Type: *
2. Location: *
3. Indicating, recording and totalizing: *

Grit Chamber

1. Type of grit chamber: *
2. Number of units: *
3. Size of unit: *
4. Method of velocity (aeration) control: *
5. Velocity (aeration) in the chamber: *
6. Drain provided: *
7. Flow restrictions: *
8. Facilities to isolate: *

Comminutors

1. Type: *
2. Location: *
3. Maximum capacity: *
4. By-pass (over flow) bar screen: *

Screens

1. Type: *
2. Number and capacity: *
3. Bar spacing and slope: *
4. Method of cleaning:
5. Disposal of screenings:

Primary Settling

1. Type of clarifier: *
2. Number and size of units: *
3. Surface settling rate (gpd/sf)
    a. at the design flow: *
    b. at the influent pumping rate: *
    c. at the equalized flow rate: *
4. Detention time: (hrs): *
5. Type of sludge removal mechanism: *
6. Weir overflow rate: *
7. Disposition of scum: *
8. Location of overflow weir: *
9. Facilities to isolate: *

Activated Sludge

1. Type of activated sludge process: *
2. Number and size of units: *
3. Detention time (hrs): *
4. Organic loading (lb BOD/1000 cf): *
5. Type of aeration equipment: *
6. Type and size of blowers: *
7. Air required (itemize, cfm): *
8. Provisions of speed adjustment: *
9. Air provided: *
10. Ventilation in the blower room: *
11. Number and capacity of return sludge pump: *
12. Method of return sludge rate control: *
13. Return sludge rate as % of design flow: *
14. Provisions for return rate metering: *
15. Location of return sludge discharge: *
16. Facilities to isolate units: *
17. Facilities for flow split control: *

Oxidation Ditch

1. Number and size of units: *
2. Detention time (hrs): *
3. Organic loading (lb BOD /1000 cf): *
4. Type and efficiency of aeration equipment (lb 0 /HP-hr): *
5. Oxygen required: *

6. Oxygen provided: *
7. Flow velocity in ditch: *
8. Number and capacity of return sludge pump: *
9. Method of return sludge rate control: *
10. Return sludge rate as % of design flow: *
11. Provisions for return sludge metering:
12. Location of return sludge discharge: *
13. Facilities to isolate units: *
14. Facilities for flow split control: *

Trickling Filters

1. Number and size of units: *
2. Type of media: *
3. Hydraulic loading (gpm/cf): *
4. Organic loading (lb BOD /1000 cf): *
5. Recirculation: *
6. Ventilation: *

Rotating Biological Contactor

1. Size and number of units: *
2. Type of media: *
3. Detention time (min.): *
4. Organic loading (lb BOD /1000 sf): *
5. Hydraulic loading (gpd/sf): *
6. Method of shaft drive: *

7. Supplemental air: *

8. Facilities to isolate: *

9. Facilities for flow split control: *

Sequential Batch Reactors

3. Type of Activated Sludge Process:

4. Number and Size of Units

5. Detention Time (Hours):

   a. Low water level:
   b. High water level:
   c. Total cycle:

6. Organic Loading (lb BOD/1000cf)

   a. At low water level
   b. At high water level

7. Type of aeration equipment: *

8. Type and size of blowers: *

9. Air required (itemize, cfm): *

10. Provisions of speed adjustment: *

11. Air provided: *

12. Ventilation in the blower room: *

13. Number and capacity of waste sludge pump: *

14. Decanter rated at average flow (GPM):
    at peak flow (GPM):

15. Facilities to isolate units: *

16. Facilities for flow split control: *

Lagoons

1. Type of lagoons: *
2. Number and size of lagoons: *
3. Organic loading: *
4. Type of aeration equipment (if applicable): *
5. Type and size of blowers (if applicable): *
6. Air required (if applicable): *
7. Air provided (if applicable): *
8. Controlled discharge facilities: *
9. Maximum water level: *
10. Freeboard: *
11. Soil boring data and permeability date: *
12. Slope of embankment and top width: *
13. Fence: *
14. Detention time: *
15. Stream gage: *
16. Lagoon seal: *
17. Facilities for multi-level lagoon discharge: *
18. Scum control: *

Secondary Clarifier

1. Type of clarifiers: *
2. Number and size of units: *

3. Surface settling rate (gpd/sf): *

    a. at the design flow: *

    b. at the influent pumping rate: *

    c. at the equalized flow rate: *

4. Detention time (hrs): *

5. Type of sludge removal mechanism: *

6. Weir overflow rate: *

7. Disposal of scum: *

8. Facilities for unit isolation: *

9. Facilities for flow split control: *

Rapid Sand Filtration

1. Number and size of filters: *

2. Filtration rate: *

    a. at peak flow rate: *

    b. at average flow rate: *

3. Type, depth, and gram size of filter media: *

4. Backwash rate: *

5. Air scour: *

6. Capability to chlorinate ahead of the filter: *

7. Backwash pumps (number and capacity): *

8. Method of rate control: *

9. Source of capacity of backwash water:

10. Holding capacity or dirty water tank: *

11. Facilities for unit isolation: *

Micro-strainers

1. Number and size of strainers: *
2. Screen material: *
3. Filtration rate: *
4. Backwash rate: *
5. Number and capacity of backwash pumps: *
6. Facilities for unit isolation: *
7. Slime control provisions: *

Two-day Lagoon

1. Number and size of lagoon cells: *
2. Detention time (days): *
3. Type of chemical: *
4. Location of chemical injection: *
5. Number and size of chemical feed pumps: *
6. Rate adjustment capabilities: *
7. Capacity of chemical storage tank: *
8. Capacity of spill storage space: *
9. Expected daily use of chemical (dosage and solution): *
10. Lagoon seal: *
11. Parallel or series operation: *
12. Sludge removal facilities: *
13. Method of draining: *

14. Multi-level discharge: *

15. Scum control: *

Post-aeration

1. Type of aeration: *

2. Number of units: *

3. Size of units: *

4. Aeration provided: *

5. Expected effluent DO: *

Nitrification System

1. Type of nitrification system: *

2. Ammonia loading: *

3. Additional oxygen demand: *

4. Air supply system: *

5. Hydraulic detention time: *

6. Mean cell residence time (days):

Phosphorus Removal Facilities

1. Type of chemical to be used: *

2. Location of chemical injection: *

3. Number and size of chemical feed pumps: *

4. Size of chemical; storage tank: *

5. Capacity of spill storage space: *

6. Chemical dosage: *

7. Daily chemical consumption expected: *

8. Rapid mix tank: *

9. Slow mixing equipment: *

10. Other facilities - describe: *

Disinfection

1. Type of disinfectant used: *

2. Size of contact tank: *

3. Contact time: *

4. Type of disinfectant feeders: *

5. Capacity of the feeders: *

6. Disinfectant dosage: *

7. Scum control baffle: *

8. Source of the disinfectant feed water: *

9. Breakwater tank for the feed water: *

10. Bypass: *

11. Drain for tank: *

12. Ventilation in chlorine room: *

13. Safety equipment: *

De-Chlorination

1. Chemical used: *

2. Type of feeders: *

3. Capacity of feeders: *

4. Dosage: *

5. Type of diffuser: *

6. Diffuser location: *

7. Equipment location: *

8. Ventilation provided: *

9. Safety equipment: *

UV Disinfection

1. Type: *

2. Location: *

3. Size of channel: *

4. Contact time: *

5. Dosage: *

6. Bypass: *

7. Safety equipment: *

8. Cleaning equipment: *

Sludge Thickening

1. Number and size of thickeners: *

2. Type of sludge thickeners: *

3. Hydraulic loading: *

4. Solids loading: *

5. Provisions to chlorinate: *

Anaerobic Digesters

1. Number and size of units: *

2. Total volume: *

3. Organic loading: *

4. Hydraulic detention time: *

5. Volume per capita: *

6. Type of mixing: *

7. Heating: internal or external*

Aerobic Digesters

1. Number and size of units: *
2. Detention time: *
3. Organic loading: *
4. Air supply: *
5. Decanting method: *

Wet-Oxidation

1. Number of units: *
2. Type of heat treatment: *
3. Temperature and pressure to be used: *
4. Capacity of the unit: *
5. Daily sludge production for heat treatment: *

Sludge Drying Beds

1. Number and size of drying beds: *
2. Filter area per capita: *
3. Under-drain system: *
4. Discharge location of filtrate: *
5. Accessibility of dry sludge removal equipment: *

Mechanical Dewatering

1. Type of dewatering units: *
2. Number and size of dewatering units: *
3. Capacity of dewatering units: *
4. Daily solids production for dewatering: *

5. Type of chemicals to be used: *

Sludge Disposal

1. Ultimate disposal method of sludge: *
2. Expected solids content of sludge (by the principal method of disposal): *
3. Location of disposal site: *
4. Ownership of the disposal site: *
5. Availability of sludge transport equipment: *

IV. SEWER COLLECTION SYSTEM

Lift Stations

1. Location: *
2. Type of pump: *
3. Number of pumps: *
4. Constant or variable speed:
5. Capacity of pumps: *
6. RPM and TDH: *
7. Volume of the wet well: *
8. Detention time in the wet well: *
9. A gate valve and a check valve in the discharge line: *
10. A gate valve on suction line: *
11. Ventilation: *
12. Standby power: *
13. Alarm: *
14. Breakwater tanks: *

15. Bypass or overflow: *

16. Type of force main: *

17. Diameter and length of force main: *

Sewer

1. Type of sewer material: *

2. Diameter and length of sewer (indicate length for each size): *

3. Stream, highway, and railroad crossing: *

4. Separation of combined sewer or new sewer: *

5. Number of manholes: *

6. Water main protection: *

Individual Grinder Pumps

1. Location: *

2. Number of pumps: *

3. Capacity of pumps: *

4. RPM and TDH: *

5. Volume of the wet well: *

6. A gate valve and a check valve in the discharge line: *

7. Ventilation: *

8. Alarm: *

V. MISCELLANEOUS

A. Laboratory equipment: *

B. Safety equipment: *

C. Plant site fence: *

D. Handrail for the tanks: *

E. Units, unit operation, and plant bypasses: *

F. Flood elevation (10, 25, or 100 year flood): *

G. Provisions to maintain the same degree of treatment during construction: *

H. Standby power: *

I. Site inspection: *

J. Statement in the specifications as to the protection against any adverse environmental effect (e.g., dust, noise, soil erosion) during construction: *

K. Hoists for removing heavy equipment: *

L. Adequate sampling facilities: *

M. Hydraulic Gradient: *

N. Septage receiving facilities

1. Screening: *

2. Location of discharge: *

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under law. Failure to notify a person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with Administrative Adjudication Act (AAA) and to avoid reversal of a decision, please list all such parties. The letter on the opposite side of this form will further explain the requirements under the AAA. Attach additional names and addresses on a separate sheet of paper, as needed. Please indicate below the type of Agency action you are requesting.

NAME _____ NAME _____
STREET _____ STREET _____
CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

NAME _____ NAME _____
STREET _____ STREET _____
CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

NAME _____ NAME _____
STREET _____ STREET _____
CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

NAME _____ NAME _____
STREET _____ STREET _____
CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

NAME _____ NAME _____
STREET _____ STREET _____
CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

Please complete this form by signing the following statement:

I certify that to the best of my knowledge I have all potentially affected parties, as defined by IC 4-21.5.

FACILITY NAME _____ SIGNATURE _____
_____ PRINTED NAME _____
ADDRESS _____ DATE _____
_____
_____

FOR CONSTRUCTION PERMIT 327 IAC 3

FOR CONSTRUCTION PERMIT 327 IAC 3

To: Applicant

Subject: Identification of Potentially Persons

The Administrative Adjudication Act. IC 4-21.5. requires that the Department of Environmental Management (DEM) give notice of its decision on your application to the following persons:

* each person to whom the decision is specifically directed:

* each person to whom a law requires notice be given:

* each competitor who has applied to the DEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted:

* each person who has provided the DEM with written request for notification of the decision.

* each person who has a substantial and direct proprietary interest in the issuance of the (permit) (variance):

* each person whose absence as a party in the proceeding concerning the (permit) (variance) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) (variance) and is so situated that the disposition of the matter, in the person's absence may:

(1) as a practical matter impair or impede the person's ability to protect that interest, or

(2) leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

IC 4-21.5-3-5 (f) provides that we may request your assistance in identifying these people. Our failure to properly identify and notify these people of the decision could have the result of voiding any decision which is made.